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| Verified and Acknowledged <i>[Signature]</i> | Examiner's Signature <i>[Signature]</i> | Initials <i>[Initials]</i> | | | |

ADDRESS

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TITLE

PARTICLE BEAM THERAPY SYSTEM

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| FILING FEE RECEIVED 1358 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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